Getting Comprehensive Biomarker Results to Treatment Decisions:

The Potential Role of Pathologist-Ordered Reflex Testing in NSCLC

Background

Despite progress with the adoption of standardized NSCLC biomarker testing protocols, a national survey highlights barriers that affect the availability of comprehensive biomarker results before the oncology visit where first-line treatment is selected. This gap may delay patient access to optimized treatment.

LUNGevity, ASCP, and AMP partnered to examine these challenges through an exploratory national survey — evaluating protocol use, pathologist ordering practices, and barriers to comprehensive biomarker testing that delay the delivery of test results for patients with non-small cell lung cancer. Our findings highlight workflow, reimbursement, and regulatory barriers, which limit timely access to biomarker-informed treatment decisions.

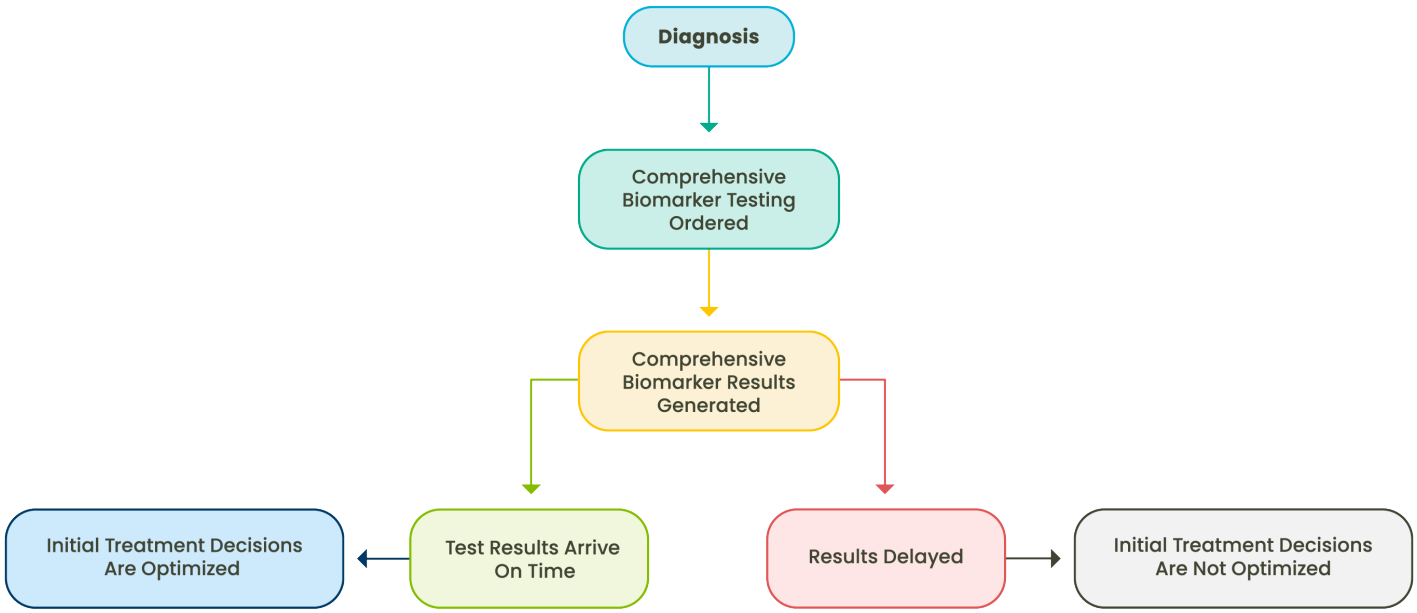
Key Takeaways

31.7%

Nearly 1 in 3 survey respondents reported that the majority of comprehensive biomarker test results were not available before the initial medical oncology appointment to select first-line treatment.

Delayed results may limit the ability to incorporate comprehensive biomarker findings into first-line treatment decisions, possibly reducing effectiveness of patient treatment plans.

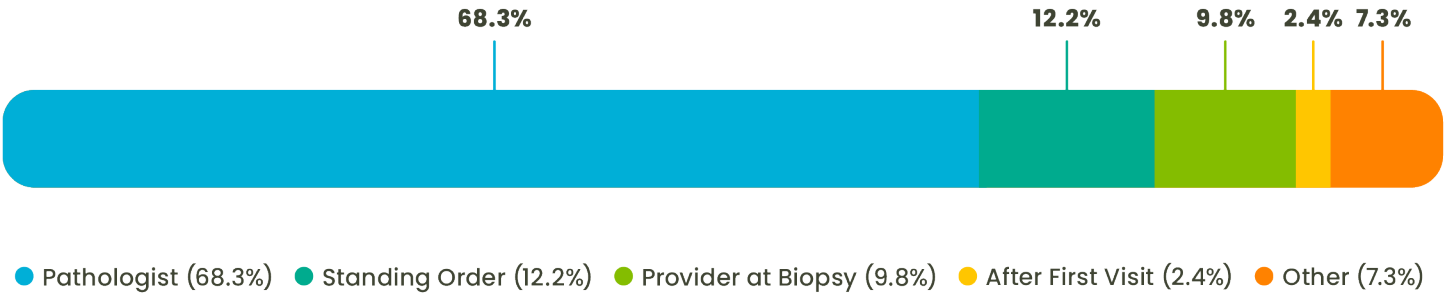
Optimizing the Patient Journey



Comprehensive Biomarker Testing Workflows in Practice

Primary Ordering Provider

Pathologist-ordered testing was the most commonly reported workflow.



Strong Support for Pathologist-Ordered Biomarker Testing

91.9% Respondents who answered this question agreed that cancer care improves when pathologists routinely order broad biomarker multi-gene panels with MDT consensus.

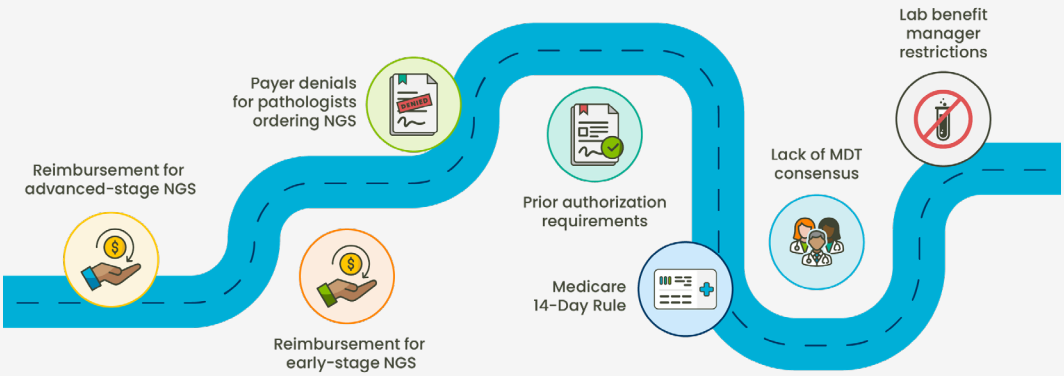
93.7% Respondents who answered this question supported CMS clarification recognizing pathologists as ordering physicians for biomarker testing.

Percentages are based on responses to each individual survey question.

No Single Workflow Fits Every Setting

Respondents reported multiple approaches to ordering comprehensive biomarker testing, including pathologist-ordered testing, oncologist-established standing orders and clinician-initiated testing. The survey did not assess differences in turnaround time or timeliness of results by workflow type. These findings may suggest that biomarker testing workflows can be effectively implemented in different ways depending on local institutional practices and multi-disciplinary team preferences.

Additional Considerations for Timely Comprehensive Biomarker Test Results: Persistent Barriers



Standardized protocols are increasingly common, but protocol adoption alone does not guarantee that comprehensive biomarker results are available when treatment decisions are made.

Our results suggest institutions may need optimized workflow models that fit their local environment while addressing reimbursement and regulatory barriers to ensure timely, biomarker-informed care.

Source: Kelly MA, et al. Standardized Protocols for Reflexing to a Multi-Gene Panel for Patients with NSCLC: Prevalence and Perceived Barriers to Comprehensive, Pathologist-Ordered Biomarker Reflex Testing. American Journal of Clinical Pathology. 2026.

Data adapted from Figures 4, 5, 6, 7 and 8.